

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO 470)

SERIAL NO.

APPLICANT

FILING DATE

10/25/84

CLAIMS

	AS FILED		AFTER INDEPENDENT		AFTER DEPENDENT								
	NO.	OFF.	NO.	OFF.	NO.	OFF.		NO.	OFF.	NO.	OFF.	NO.	OFF.
1							61						
2							62						
3							63						
4							64						
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40							100						
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46													
47													
48													
49													
50													
TOTAL NO.			10				TOTAL NO.						
TOTAL OFF.			28				TOTAL OFF.						
TOTAL			38				TOTAL						